

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 757878

1. Entity Name

CROSS BAPTIST CHURCH, INC.



Principal Place of Business

9610 N. 13TH STREET
TAMPA FL 33612

Mailing Address

9610 N. 13TH STREET
TAMPA FL 33612



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENT, W C
8453 PUMP STATION RD
LAND O LAKES FL 34639

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

2-17-08

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME TD
STREET ADDRESS STEWART, HARRY
CITY-ST-ZIP 4721 WHITEWAY DR
TAMPA FL

TITLE ☐ Delete
NAME TD
STREET ADDRESS DAY, RANDALL LEE
CITY-ST-ZIP 4022 LAKESHORE RANCH DR
SEFFNER FL 33584

TITLE ☐ Delete
NAME S
STREET ADDRESS KENT, MARTHA
CITY-ST-ZIP 8543 PUMP STATION RD
LAND O LAKES FL 34639

TITLE ☐ Delete
NAME TD
STREET ADDRESS KENT, W.C
CITY-ST-ZIP 8453 PUMP STATION RD
LAND O LAKES FL 34639

TITLE ☐ Delete
NAME TD
STREET ADDRESS SAMPSON, ARTHUR M
CITY-ST-ZIP 9402 N. ELMER ST.
TAMPA FL 33612

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000839566
CITY-ST-ZIP 03/06/08-80013-011 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rev. W.C. Kent

2-17-08